



A PRIVATE
PREPARATORY
SCHOOL FOR
GRADE 7 - 12

Fully Accredited by the Schools
Commission of the
Western Association
of Schools and Colleges
www.acswasc.org

STUDENT HOUSING APPLICATION

Application Checklist

- ☐ Complete Student Housing Application Form
- ☐ One-time placement fee of \$300 due with application
- ☐ Optional airport pick-up fee \$100 due with application

Complete the application packet and return by mail to the PA Homestay Office:

IRVINE Campus

IrvineHomestay@PacificAcademy.org

4947 Alton Pkwy, Irvine, CA 92604

PA Homestay Fees

One-time placement fee of **\$300** due with application.

Security deposit: **\$2,200**

Housing fee: Basic Single (\$22,000/10 months): PA Homestay provides supervised housing with **a room with single occupancy**, three meals a day, as well as transportation back and forth to Pacific Academy campus.

For more details please refer to the housing contract.

Arrival Information

Date of Arrival (MM/DD/YYYY) _____ / _____ / _____ Arrival Time _____

Flight Number: _____ Airline: _____ Airport: _____

Does the student require airport pick-up? ☐ Yes ☐ No

If yes, please submit a total of \$400 (application fee \$300, plus airport pick-up fee \$100) with the application.

Payment Information

Enclosed with this application is a one-time housing application fee of ☐ \$300 or ☐ \$400 (with airport pick-up). I understand that this fee is non-refundable. The security deposit and the housing fee will be paid one month (30 days) prior to start date.

☐ Cashier's check/ Bank Draft (Check # _____)

Housing Start Date: _____ / _____ / _____ Parent's Initial: _____ Date: _____ / _____ / _____

Encinitas Campus | 760. 634. 1188
679 Encinitas Blvd, Encinitas, CA 926024

Irvine Campus | 949. 398. 5288
4947 Alton Pkwy, Irvine, CA 92606

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General Information

Student's Legal Name: First _____ Last _____ Middle _____

Student's Date of Birth (MM/DD/YY) ____/____/____ Gender: ☐ Male ☐ Female Student Age: _____

Native Country Address: _____

City _____ State/Province _____ Zip or postal Code _____ Country _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____

City and Country of Birth _____ Country of Citizenship _____ Ethnicity _____

Mother's Name: First _____ Last _____ Middle _____

☐ Check if home address is same as above

Native Country Address: _____

City _____ State/Province _____ Zip or postal Code _____ Country _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Father's Name: First _____ Last _____ Middle _____

☐ Check if home address is same as above

Native Country Address: _____

City _____ State/Province _____ Zip or postal Code _____ Country _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Sibling's Name _____ Gender: ☐ Male ☐ Female Date of Birth ____/____/____

Sibling's Name _____ Gender: ☐ Male ☐ Female Date of Birth ____/____/____

Sibling's Name _____ Gender: ☐ Male ☐ Female Date of Birth ____/____/____

Student Medical Information

In order for the host family to properly care for a student, it is extremely important to provide all relevant information regarding the student's medical history. Please be as thorough as possible when answering the following questions.

Does the student have any allergies? ☐ YES ☐ NO

If YES, please explain the allergy and steps to take if the student has an allergic reaction:

Does the student have any pre-existing medical conditions? ☐ YES ☐ NO

If YES, please explain _____

Does the student have any dietary restrictions? ☐ YES ☐ NO

If YES, please explain _____

Is the student in good health? ☐ YES ☐ NO

If NO, please explain _____



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Emergency Contact

IN CASE of EMERGENCY, PLEASE NOTIFY (contact person in the U.S)

Name: First _____ Last _____ Middle _____ Relationship _____
City _____ State _____ Zip _____ Country _____ USA
Home Phone (_____) _____ Cell Phone (_____) _____ Email _____

Student Information

English Ability ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How many years has the student been studying English? _____ Other language spoken _____

Student Religious Affiliation _____

Degree of participation in Church-related activities: ☐ Active (+2s/week) ☐ Average (1-2x/week)

☐ Little interest (Occasionally) ☐ Inactive (Never Attended) ☐ No Interest

Would the student attend services with the host family if their religious affiliations were different from the student's?

☐ Yes ☐ No

Would the student have a car in the U.S? ☐ Yes ☐ No

Does the student smoke cigarettes? ☐ Yes ☐ No

Student's Hobbies & Interests (1) Very Interested (2) Interested (3) Occasionally Interested

| | | | | |
|--------------------|---------------------|-----------------|------------------------|--------------------|
| ___ Arts and Craft | ___ Basketball | ___ Picnics | ___ Watching TV | ___ Riding Horses |
| ___ Cooking | ___ Ice Hockey | ___ Backpacking | ___ History | ___ Water Skiing |
| ___ Music | ___ Baseball | ___ Fishing | ___ Computer | ___ Movies |
| ___ Art/Painting | ___ Jogging | ___ Hiking | ___ Table Games | ___ Shopping |
| ___ Wood making | ___ Swimming | ___ Camping | ___ Family Activities | ___ Museums |
| ___ Photography | ___ Sailing/Boating | ___ Hunting | ___ Visiting Relatives | ___ Writing |
| ___ Collecting | ___ Walking | ___ Golf | ___ Community Work | ___ Raising Animal |
| ___ Sewing | ___ Soccer | ___ Theatre | ___ Church Activities | ___ Tennis |
| ___ Reading | ___ Snow Sports | ___ Bowling | ___ School Activities | ___ Biking |

Does the student play a musical instrument? ☐ Yes ☐ No If YES, what instrument(s)? _____

How long has the student been playing that musical instrument? _____

Does the student participate in competitive sports? ☐ Yes ☐ No If YES, sport(s)? _____

Describe the student's family and home life in his/her native country?

Has the student been to the U.S before? ☐ Yes ☐ No If YES, when and for how long?

Has the student traveled to other countries? ☐ Yes ☐ No If YES, what country(ies), when and for how long?

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Accommodation Preference

Will it bother the student if there are young children (ages 0-4) in the house? ☐ Yes ☐ No

Will it bother the student if there are any pets in the house? ☐ Yes ☐ No

Is the student a vegetarian? ☐ Yes ☐ No

Does the student have any other special dietary needs? ☐ Yes ☐ No If Yes, please describe (i.e. no dairy, no pork, etc.) _____

Pacific Academy (PA) expects their homestay students to adhere to the following rules while living with their host families. The undersigned accepts and agrees to the following Standards of Conduct while living with their Homestay family:

1. I agree to abide by my host family's house rules at all times.
2. I agree to communicate openly with my host family, especially in regard to any issues I have with my placement.
3. I will respect the privacy and personal belongings of my host family.
4. I will not smoke inside or outside of my host family's home.
5. I will not use my host family's telephone, fax, or any telecommunication device without expressed permission from my host(s). I will use an international phone card or my personal cell phone to call others.
6. I will be financially responsible for any and all telephone charges and damages arising or resulting from my stay in the host family's home.
7. I will not consume any illegal drugs or alcohol while staying with my host family.
8. I will not borrow anything that belongs to the host family unless I have permission to do so.
9. I agree to be professional, courteous, and respectful in all my communication with my host family and guests of my host family at all times.
10. I agree to abide by the curfew set by my host family and by the town in which we live (usually 10:00 PM every- day).
11. Besides all items above, I have received and agree to abide by the policies stated in the PA Housing Handbook and contract.

I have read, understood and agree to the terms of the individual family I am placed with and the conditions of the PA Homestay Agreement and the Standards of Conduct.

I FURTHER ACCEPT FINANCIAL RESPONSIBILITY FOR THE FULL CONTRACT PERIOD THAT I HAVE STATED ABOVE UNLESS A FULL 30-DAY NOTICE IS GIVEN TO THE HOST FAMILY.

I understand that any violation of Pacific Academy's policies or of the family I am placed with, regarding medical concerns, alcohol and/or other drugs will result in termination of this contract and no refund will be provided. The consumption or possession of alcoholic beverages by anyone under 21, or serving them to anyone under 21, in a family home is expressly prohibited.

Print Student Name: _____

Student Signature: _____

Date: ____/____/____

Print Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Date: ____/____/____

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